92979

DEPARTMENT OF TRANSPORTATION

Research and Special Programs Administration

[Docket No. RSPA–98–4957; Notice 19]

Pipeline Safety: Revision of Natural Gas Transmission and Gathering Pipeline Incident and Annual Report Forms

AGENCY: Research and Special Programs Administration (RSPA), DOT.

ACTION: Notice and request for comments on revision of Information Collection OMB 2137–0522.

SUMMARY: As required by the Paperwork Reduction Act of 1995, the Research and Special Programs Administration (RSPA) is publishing its intention to revise forms RSPA F 7100.2—Incident Report For Gas Transmission and Gathering Systems and RSPA F 7100.2–1—Annual Report For Gas Transmission and Gathering Systems. The purpose of this notice is to allow the public 60 days from the date of this notice to comment on the proposed changes in the forms and the information collection burden.

DATES: Comments on this notice must be received on or before October 2, 2000.

FOR FURTHER INFORMATION CONTACT: Roger Little by telephone at 202–366–4569, by fax at 202–366–4566, by mail at U.S. Department of Transportation, RSPA, 400 Seventh Street, SW, Room 7128, Washington, DC, 20590, or by e-mail to roger.little@rspa.dot.gov.

ADDRESSES: Copies of this proposed information collection and the revised forms, RSPA F 7100.2—Incident Report for Gas Transmission and Gathering Systems and RSPA F 7100.2–1—Annual Report for Gas Transmission and Gathering Systems, can be reviewed in this docket at http://dms.dot.gov.

Address all comments concerning this notice to the Dockets Facility, U.S. Department of Transportation, Plaza 401, 400 Seventh Street, SW, Washington, DC 20590–0001. You may submit written comments by mail or delivery to the Dockets Facility, U.S. Department of Transportation, Room PL–401, 400 Seventh Street, SW, Washington, DC 20590–0001. The Dockets facility is open from 10:00 a.m. to 5:00 p.m., Monday through Friday, except federal holidays. Comments should identify the docket number of this notice, RSPA–98–4957. You should submit the original and one copy. If you wish to receive confirmation of receipt of your comments, you must include a stamped, self-addressed postcard.

Electronic Access and Filing Addresses

You may also submit or review comments electronically by accessing the Docket Management System's home page at http://dms.dot.gov. Click on "Help & Information" for instructions on how to file a document electronically. All written comments should identify the docket and notice numbers stated in the heading of this notice. Anyone desiring confirmation of mailed comments must include a self-addressed stamped postcard.

SUPPLEMENTARY INFORMATION:

Background

The information collected pertaining to reportable natural gas transmission incidents provide an important tool for identifying safety trends in the gas pipeline industry. The National Transportation Safety Board (NTSB), the Department of Transportation's Office of Inspector General, and the General Accounting Office have urged RSPA to revise the information collected on the natural gas transmission pipeline incident report form and annual report form. NTSB Safety Recommendation P–96–1 urges RSPA to:

develop within 1 year and implement within 2 years a comprehensive plan for the collection and use of gas and hazardous liquid pipeline accident data that details the type and extent of data to be collected, to provide the Research and Special Programs Administration with the capability to perform methodologically sound accident trend analyses and evaluations of pipeline operator performance using normalized accident data.

RSPA worked with representatives of the Interstate Natural Gas Association of America (INGAA) and the American Gas Association (AGA) to revise the natural gas transmission incident and annual report forms to make the information collected more useful to industry, government, and the public.

Abstract: To ensure adequate public protection from exposure to potential natural gas transmission pipeline failures, RSPA collects information on reportable transmission pipeline incidents. Additional information is also obtained concerning the characteristics of an operator's pipeline system. This information is needed for normalizing the incident information in order to provide for adequate safety trending. The requirements for reporting incidents are found in 49 CFR Part 191. The regulations require submission of the natural gas transmission annual report form by March 15 of each year for the preceding year's operations. Reports on transmission incidents must be submitted to RSPA in writing within 30 days of occurrence.

The reports to be revised are two of the four gas pipeline reporting forms authorized by Information Collection OMB 2137–0522, "Incident and Annual Reports for Gas Operators." The proposed revisions are part of an ongoing process to revise all incident and annual reports.

Title: Incident Report for Gas Transmission and Gathering Systems (RSPA F 7100.1–1) and Annual Report For Gas Transmission and Gathering Systems (RSPA F 7100.2–1).

OMB Number: 2137–0522.

Estimate of Burden: The average burden hours per response is approximately 6 hours for the revised transmission incident report and 3 hours for the revised transmission annual report.

Respondents: Gas transmission pipeline operators.

Estimated Number of Respondents: 900 gas transmission pipeline operators.

Estimated Number of Responses per Respondent per Year: Incident Reports: 0.1; Annual Reports: 1.0.

Estimated Total Annual Burden on Respondents: The burden for each gas transmission pipeline operator is an average of 6 hours per incident report form and 3 hours per annual report form. For all 900 gas transmission pipeline operators the burden estimate is 540 hours (6 hours x 900 operators x 0.1 incidents) for incidents and 2,700 hours (3 hours x 900 operators) for annual reports, for a total burden of 3,240 hours per annum.

Comments are invited on: (a) The need for the proposed collection of information for the proper performance of the functions of the agency, including whether the information will have practical utility; (b) the accuracy of the agency's estimate of the burden of the proposed collection of information including the validity of the methodology and assumptions used; (c) ways to enhance the quality, utility and clarity of the information to be collected; and (d) ways to minimize the burden of the collection of information on those who are to respond, including the use of appropriate automated, electronic, mechanical, or other technological collection techniques.

Issued in Washington, D.C. on July 27, 2000.

Stacey L. Gerard,

Acting Associate Administrator for Pipeline Safety.

[FR Doc. 00–19481 Filed 8–1–00; 8:45 am]

BILLING CODE 4910–60–P

Notice: This report is required by 49 CFR Part 191. Failure to report can result in a civil penalty not to exceed $1,000 for each violation for each day that such violation persists except that the maximum civil penalty shall not exceed $200,000 as provided in 49 USC 1678.

Form Approved
OMB No. 2137-0522

U.S. Department of Transportation
Research and Special Programs Administration

ANNUAL REPORT FOR CALENDAR YEAR 20___
GAS TRANSMISSION & GATHERING SYSTEMS

INITIAL REPORT ☐
SUPPLEMENTAL REPORT ☐

PART A - OPERATOR INFORMATION

DOT USE ONLY | | | | | | | |

1. NAME AND COMPANY OR ESTABLISHMENT

_____

2. LOCATION OF OFFICE WHERE ADDITIONAL INFORMATION MAY BE OBTAINED

_____ Number & Street

_____ City & County

_____ State & Zip Code

4. OPERATOR'S 5 DIGIT IDENTIFICATION NUMBER

(When Known) / / / / / /

5. HEADQUARTERS NAME & ADDRESS, IF DIFFERENT

_____ Number & Street

_____ City & County

_____ State & Zip Code

Draft

3. STATE IN WHICH SYSTEM OPERATES: / / / *(provide a **separate** report for each state in which system operates)*

PART B - SYSTEM DESCRIPTION

Report miles of pipeline in system at end of year.

1. GENERAL - MILES OF PIPELINE IN THE SYSTEM AT END OF YEAR THAT ARE JURISDICTIONAL TO OPS

	STEEL				CAST IRON WROUGHT IRON PIPE	PLASTIC PIPE	OTHER PIPE
	CATHODICALLY PROTECTED		UNPROTECTED				
	BARE	COATED	BARE	COATED			
TRANSMISSION ONSHORE							
OFFSHORE							
GATHERING ONSHORE							
OFFSHORE							

2. MILES OF PIPE BY NOMINAL SIZE

	UNKNOWN	4" OR LESS	OVER 4" THRU 10"	OVER 10" THRU 20"	OVER 20" THRU 28"	OVER 28"
TRANSMISSION ONSHORE						
OFFSHORE						
GATHERING ONSHORE						
OFFSHORE						
SYSTEM TOTALS						

3. MILES OF PIPE BY DECADE OF INSTALLATION

	UN-KNOWN	PRE-1940	1940-1949	1950-1959	1960-1969	1970-1979	1980-1989	1990-1999	2000-2009	TOTAL
TRANSMISSION ONSHORE										
OFFSHORE										
GATHERING ONSHORE										
OFFSHORE										
SYSTEM TOTALS										

4. MILES OF PIPE BY CLASS LOCATION

	CLASS 1	CLASS 2	CLASS 3	CLASS 4	TOTAL
TRANSMISSION ONSHORE					
OFFSHORE		N/A	N/A	N/A	N/A
GATHERING ONSHORE					
OFFSHORE		N/A	N/A	N/A	N/A
SYSTEM TOTALS					

PART C – TOTAL LEAKS ELIMINATED/REPAIRED DURING YEAR

CAUSE OF LEAK	TRANSMISSION		GATHERING	
	ONSHORE	OFFSHORE	ONSHORE	OFFSHORE
CORROSION				
NATURAL FORCES				
ENCROACH-MENTS and PREV DAM. PIPE				
MATERIAL AND WELDS				
EQUIPMENT				
INCORRECT OPERATION				
OTHER				

PART D - TOTAL NUMBER OF LEAKS ON FEDERAL LAND OR OCS REPAIRED OR SCHEDULED FOR REPAIR

1. TRANSMISSION
   - ONSHORE _____
   - OFFSHORE _____
   - OUTER CONTINENTAL SHELF _____

2. GATHERING
   - ONSHORE _____
   - OFFSHORE _____
   - OUTER CONTINENTAL SHELF _____

PART E - NUMBER OF KNOWN SYSTEM LEAKS AT END OF YEAR SCHEDULED FOR REPAIR

1. TRANSMISSION _____
2. GATHERING _____

PART F - PREPARER AND AUTHORIZED SIGNATURE

_____ _____
(type or print) Preparer's Name and Title — Area Code and Telephone Number

_____ _____
Preparer's E-mail Address — Area Code and Facsimile Number

_____ _____ _____
Authorized Signature — (type or print) Name and Title — Date — Area Code and Telephone Number

Draft Form RSPA F 7100.2-1 (3-00)
(Supersedes DOT F 7100.2-1)

NOTICE: This report is required by 49 CFR Part 191. Failure to report can result in a civil penalty not to exceed $1,000 for each violation for each day that such violation persists except that the maximum civil penalty shall not exceed $200,000 as provided in 49 USC 1678. Form Approved OMB No. 2137-0522

U.S. Department of Transportation
Research and Special Programs Administration

INCIDENT REPORT - GAS TRANSMISSION AND GATHERING SYSTEMS

Report Date _____

No. _____ (DOT Use Only)

INSTRUCTIONS

Important: *Please read the separate instructions for completing this form before you begin. They clarify the information requested and provide specific examples. If you do not have a copy of the instructions, you can obtain one from the Office Of Pipeline Safety Web Page at http://ops.dot.gov.*

PART A – GENERAL REPORT INFORMATION

Check one: ☐ **Original Report** ☐ **Supplemental Report**

1. a. Operator's 5-digit Identification Number /___/___/___/___/___/ *(contract operators should not complete this form, see instructions)*

   b. Name of Operator _____ c. _____ City, County, State and Zip Code

   d. If Operator does not own the pipeline, enter Owner's 5-digit Identification Number /___/___/___/___/___/

2. Time and date of the incident

   /___/___/___/___/ hr. /___/___/ month /___/___/ day /___/___/ year

3. Location of incident

   a. _____ City and County

   b. _____ State and Zip Code

   c. Mile Post/Valve Station _____

   d. Survey Station No. _____

   e. Latitude: _____ Longitude: _____ *(if available)*

   f. Class location description

   Onshore: ☐ Class 1 ☐ Class 2 ☐ Class 3 ☐ Class 4

   Offshore: ☐ Class 1 *(complete rest of this item)*

   Area _____ Block # _____

   State /___/___/ or Outer Continental Shelf ☐

   g. Incident on Federal Land other than Outer Continental Shelf ☐ Yes ☐ No

4. Type of leak or rupture

   ☐ None ☐ Other _____

   Leak:

   ☐ Pinhole ☐ Connection Failure *(complete sec. F4)*

   ☐ Puncture, diameter *(inches)* _____

   Rupture:

   ☐ Circumferential – Separation

   ☐ Longitudinal – Tear/Crack, length *(inches)* _____

   Propagation Length, total, both sides *(feet)* _____

5. Consequences *(check and complete all that apply)*

   a. ☐ Fatality Total number of people: /___/___/___/

   Employees: /___/___/___/ *General Public:* /___/___/___/

   Non-employee Contractors: /___/___/___/

   b. ☐ Injury requiring inpatient hospitalization Total number of people: /___/___/___/

   Employees: /___/___/___/ *General Public:* /___/___/___/

   Non-employee Contractors: /___/___/___/

   c. ☐ Property damage/loss *(estimated)* Total $_____

   Gas loss $_____ Operator damage $_____

   Public/private property damage $_____

   d. ☐ Release Occurred in a 'High Consequence Area'

   e. ☐ Gas ignited f. ☐ Explosion

   g. ☐ Evacuation *(general public only)* /___/___/___/___/ people

   Reason for Evacuation:

   O Emergency worker or public official ordered, precautionary

   O Threat to the public O Company policy

6. Elapsed time until area was made safe:

   /___/___/ hr. /___/___/ min.

7. Telephone Report

   /___/___/___/___/___/___/___/ NRC Report Number /___/___/ month /___/___/ day /___/___/ year

8. a. Estimated pressure at point and time of incident:

   _____ *PSIG*

   b. Max. allowable operating pressure *(MAOP)*: _____ *PSIG*

   c. MAOP established by 49 CFR section:

   ☐ 192.619 (a)(1) ☐ 192.619 (a)(2) ☐ 192.619 (a)(3)

   ☐ 192.619 (a)(4) ☐ 192.619 (c)

PART B – PREPARER AND AUTHORIZED SIGNATURE

(type or print) Preparer's Name and Title — Area Code and Telephone Number

Preparer's E-mail Address — Area Code and Facsimile Number

Authorized Signature — (type or print) Name and Title — Date — Area Code and Telephone Number

Draft

PART C - ORIGIN OF THE INCIDENT

1. Incident occurred on
   - ☐ Transmission System
   - ☐ Gathering System
   - ☐ Transmission Line of Distribution System
2. Failure occurred on
   - ☐ Body of pipe
   - ☐ Pipe Seam
   - ☐ Joint
   - ☐ Other
   - ☐ Component — *specify:* _____
3. Material involved *(pipe, fitting, or other component)*
   - ☐ Steel ☐ Plastic ☐ Other *(specify)* _____
4. Part of system involved in incident
   - ☐ Pipeline
   - ☐ Regulator/Metering System
   - ☐ Compressor Station
   - ☐ Other _____

Year the component which failed was installed: /__/__/__/__/

PART D – MATERIAL SPECIFICATION

1. Nominal pipe size *(NPS)* /__/__/__/__/ in.
2. Wall thickness /__/__/__/__/ in.
3. Specification _____ SMYS /__/__/__/__/__/__/
4. Seam type _____
5. Valve type _____
6. Manufactured by _____ in year /__/__/__/__/

PART E – ENVIRONMENT

1. Area of incident
   - ☐ Under pavement
   - ☐ Under ground
   - ☐ Other _____
   - ☐ In open ditch
   - ☐ Above ground
   - ☐ Under water
   - ☐ Inside/under building
2. Depth of cover: _____ inches

PART F – APPARENT CAUSE

Important: *Check the box to the left of the cause of the incident. There are 25 numbered causes in this section. Complete all the supplemental items to the right of or below the cause you indicate. See the instructions for this form for guidance.*

F1 – CORROSION

1. ☐ External Corrosion
2. ☐ Internal Corrosion
3. ☐ Stress Corrosion Cracking

a. Pipe Coating
- O Bare
- O Coated

b. Visual Examination
- O Localized Pitting
- O General Corrosion
- O Other _____

c. Cause of Corrosion
- O Galvanic
- O Stray Current
- O Improper Cathodic Protection
- O Other _____

d. Was corroded part of pipeline considered to be under cathodic protection prior to discovering incident?
- O No
- O Yes, Year Protection Started: /__/__/__/__/

e. Was pipe previously damaged in the area of corrosion?
- O No
- O Yes, How long prior to incident: /__/__/__/ *years* /__/__/ *months*

F2 – OUTSIDE FORCE DAMAGE

4. ☐ Previously Damaged Pipe

Natural Forces

5. ☐ Earth Movement ⇒ O Earthquake O Subsidence O Landslide O Other _____
6. ☐ Lightning
7. ☐ Heavy Rains/Floods ⇒ O Washouts O Flotation O Mudslide O Scouring O Other _____
8. ☐ Fire/Explosion
9. ☐ Temperature ⇒ O Thermal stress O Frost heave O Frozen components O Other _____
10. ☐ High Winds

Encroachments

11. ☐ Vandalism
12. ☐ Operator *(including their contractors)*
13. ☐ Third Party *(complete a-d)*

a. Excavator group
- O General Public O Government O Professional Excavator O Operator/subcontractor

b. Type: O Road Work O Pipeline O Water O Electric O Sewer O Phone/Cable O Landowner O Railroad O Other _____

c. Did operator get prior notification of excavation activity?
- O Yes Date received: /__/__/ mo. /__/__/ day /__/__/ yr. O No
- Notification received from: O One Call System O Excavator O Contractor O Landowner

d. Was pipeline marked? *(check all that apply)*
- Temporary markings: O Flags O Stakes O Paint
- Permanent markings: O

F3 – MATERIAL AND WELDS

Material

14. ☐ Body of Pipe ⇒ O Dent O Gouge O Bend O Arc Burn O Other _____
15. ☐ Component ⇒ O Valve O Fitting O Vessel O Extruded Outlet O Other _____
16. ☐ Joint ⇒ O Gasket O O-Ring O Threads O Other _____

Weld

17. ☐ Butt ⇒ O Pipe O Fabrication O Other _____
18. ☐ Fillet ⇒ O Branch O Hot Tap O Fitting O Repair Sleeve O Other _____
19. ☐ Pipe Seam ⇒ O LF ERW O DSAW O Seamless O Flash Weld
O HF ERW O SAW O Spiral O Other _____

*Complete a-f if you indicate **any** cause in part F3.*

a. Type of failure:
O Construction Defect O Material Defect

b. Was part which leaked pressure tested before incident occurred? O Yes, *complete c-f* O No

c. Date of test: / / / mo. / / / day / / / yr.

d. Test medium: O Water O Natural Gas O Inert Gas O Other _____

e. Time held at test pressure: / / / hr.

f. Estimated test pressure at point of incident: _____ *PSIG*

F4 – EQUIPMENT AND OPERATION

20. ☐ Malfunction of Control/Relief Equipment ⇒ O Valve O Instrumentation O Pressure Regulator O Other _____
21. ☐ Threads Stripped, Broken Pipe Coupling ⇒ O Nipples O Valve Threads O Dresser Couplings O Other _____
22. ☐ Seal Failure ⇒ O Gasket O O-Ring O Seal/Pump Packing O Other _____

23. ☐ Incorrect Operation

a. Type: O Inadequate Procedures O Inadequate Safety Practices O Failure to Follow Procedures O Other _____

b. Number of employees involved who failed post-incident drug test: / / / /

c. Were most senior employee(s) involved qualified? O Yes O No d. Hours on duty: / / /

F5 – OTHER

24. ☐ Miscellaneous, *describe:* _____

25. ☐ Unknown
O Investigation Complete O Still Under Investigation *(submit a supplemental report when investigation is complete)*

PART G – NARRATIVE DESCRIPTION OF FACTORS CONTRIBUTING TO THE EVENT *(Attach additional sheets as necessary)*